

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND												
1 Date of Request: <u>7/27/05</u>		2 Serial/Patent # <u>10/523561</u>										
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT								
<input checked="" type="checkbox"/>	Filing			\$ <u>100.00</u>								
<input type="checkbox"/>	Amendment			\$								
<input type="checkbox"/>	Extension of Time			\$								
<input type="checkbox"/>	Notice of Appeal/Appeal			\$								
<input type="checkbox"/>	Petition			\$								
<input type="checkbox"/>	Issue			\$								
<input type="checkbox"/>	Cert of Correction/Terminal Disc.			\$								
<input type="checkbox"/>	Maintenance			\$								
<input type="checkbox"/>	Assignment			\$								
<input type="checkbox"/>	Other			\$								
Done		7 TOTAL AMOUNT OF REFUND		\$ <u>100.00</u>								
		8 TO BE REFUNDED BY:										
10 REASON:		Treasury Check										
<input checked="" type="checkbox"/>	Overpayment	Credit Deposit A/C #:										
<input type="checkbox"/>	Duplicate Payment	9 <table border="1" style="display: inline-table; text-align: center; width: 150px;"> <tr> <td>5</td><td>0</td><td>--</td><td>0</td><td>9</td><td>3</td><td>0</td> </tr> </table>				5	0	--	0	9	3	0
5	0	--	0	9	3	0						
<input type="checkbox"/> No Fee Due (Explanation):												
11 REFUND REQUESTED BY:												
TYPED/PRINTED NAME: <u>Darrell Cottman</u>		TITLE: <u>Paralegal</u>										
SIGNATURE: <u>Darrell Cottman</u>		PHONE: <u>703-308-9140 x203</u>										
OFFICE: _____												
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****												
APPROVED: _____		DATE: _____										

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: